PTO/SB/01 (10-01)
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DECLARATION FOR UTILITY OR DESIGN		Attorney Docket Number First Named Inventor		032405.			
PATENT APPLICATION			COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Number	To Be Assigned				
Declaration Submitted With Initial Filing	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	Concurrent Herewith			
			Group Art Unit	To Be Assigned			
			Examiner Name	То	To Be Assigned		

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SHIFT CONTROL APPARATUS OF AUTOMATIC VEHICLE TRANSMISSION									
the specification of which	(Title of th	and Invention)	-						
the specification of which (Title of the Invention)  is attached hereto									
OR									
•									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant									
breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	0	Foreign Filing Date	Priority	Certified Copy Attached?					
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
2003-87002	Japan	03/27/2003		<b>∑</b>					
				□ ·	. $\square$				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

<del></del>							
Direct all correspondence to:	er 25,4	25,461 OR [			Correspondence address below		
Name							
Address							
City	State	ate ZIP					
Country			Teleph	one		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor							
				Family Name NITTA or Surname			
Inventor's Signature Tomoski Litta Date 02/13/2004						02/13/2004	
Tokyo Residence: City	•	Ja State	pan	Count	Japan I <b>ry</b>	Japan Citizenship	
c/o Fuji Jukogyo Kabushiki Kaisha of 7-2, Nishishinjuku, 1-chome, Shinjuku-ku, Tokyo Japan  Malling Address							
Tokyo City		State		Zip		Country	
NAME OF SECOND INVENT	OR: Ap	etition has b	een file		is unsigne		
Given Name (first and middle (if any))				ily Nam urname			
Inventor's Signature					Date		
Residence: City		State		Coun	try	Citizenship	
Mailing Address							
City		State		Zip		Country	
Additional inventors are bein	g named on the	supplementa	al Addition	al Invent	or(s) sheet(s	) PTO/SB/02A attached hereto.	